

# FOI000006446

## TRANSMITTAL LETTER

**TO:** Qualification/Registration Section  
Division of Corporations

**SUBJECT:** Southeastern Network of Youth and Family Services  
(Name of Corporation)

400004727044--8  
-12/14/01--01067--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sherry L. Allen  
(Name of Person)

Southeastern Network of Youth and Family Services  
(Firm/Company)

P. O. Box 111135  
(Address)

Naples, FL 34108  
(City, State and Zip Code)

For further information concerning this matter, please call:

Sherry L. Allen at ( 941 ) 593 - 5668  
(Name of Person) Area Code & Daytime Telephone Number

**STREET ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED  
01 DEC 14 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOI-6446  
Q

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Southeastern Network of Youth and Family Services, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-1543567

(FEI number, if applicable)

4. 1977

(Date of Incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. December 15, 2001

(Date corporation first conducted Affairs in Florida -  
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 1761 South Lumpkin Street

Athens, GA 30606

(Current mailing address)

8. To provide training and technical assistance to youth serving agencies

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Sherry L. Allen

(Name)

3780 C Via Del Rey

(Office address)

Bonita Springs

(City)

, Florida, 34134

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

FILED  
01 DEC 14 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Stephanie Hong, Executive Director, Metro Group Homes

Address: 536 W. Third Street  
Lexington, KY 40508

Vice Chairman: Jan Lokay, President/CEO, Crosswinds Youth Services

Address: 55 McLeod St.  
Merritt Island, FL 32953

Director: Tammy Hopper, Program Supervisor, Child and Family Tennessee

Address: 2701 E. Fifth Avenue  
Knoxville, TN 37914

Director: Karen Bonnewell, Dir. Community Services, Haven House Svcs.

Address: 706 Hillsborough St., Suite 102  
Raleigh, NC 27603

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Sherry L. Allen

Address: 6159 Ashwood Lane  
Naples, FL 34110

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Stephanie Hong 11-29-01  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

FILED  
01 DEC 14 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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JURISDICTION : GEORGIA  
PRINT DATE : 11/29/2001  
FORM NUMBER : 211

SHERRY ALLEN  
P.O. BOX 111135  
NAPLES, FL 34108

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**SOUTHEASTERN NETWORK OF YOUTH AND FAMILY SERVICES, INC.**  
**A DOMESTIC NONPROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox  
Secretary of State